

Mail Application to:
List Coordinator
Administrative Office
Probate and Family Court Dept.
2 Center Plaza, Suite 210
Boston MA 02108

Application
to the
Probate and Family Court Department
for appointment as
Guardian
of

For court use only

Reviewed _____

Entered _____

Mentally Ill Person, G.L. c. 201, §§ 6, 14; Mentally Retarded Person, G.L. c. 201, §§ 6A, 14
Person Unable to Communicate Informed Decisions, G.L. c. 201, § 6B

Name: _____
(Street and Number)

Firm Name: _____
(Street and Number)

Address: _____
(Street and Number)

(City or Town) (State) (Zip Code)

Telephone No. (_____) _____ B.B.O. # _____
(Area Code)

E-Mail Address _____

CATEGORY

Q

I certify that I was admitted to practice before the Supreme Judicial Court on _____,
that I remain in good standing to practice before the courts of the Commonwealth of Massachusetts, and that I have not
been convicted of any felony.

I further certify

- ☐ that I have at least three years of experience practicing law in guardianship cases in the Probate and Family Courts
of Massachusetts, including at least two cases in which I was appointed guardian of the person and of the estate,
- ☐ that I have filed and had allowed by the Court at least one account in a case* in which I was appointed guardian,
and
- ☐ that I have the required experience and expertise to serve as a guardian of a mentally ill person, G.L. c. 201, §§ 6,
14; of a mentally retarded person, G.L. c. 201, §§ 6A, 14; and of a person unable to communicate informed
decisions, G.L. c. 201, § 6B.

*A case in which my account as guardian was allowed by the Court is:

DIVISION	DOCKET NUMBER	NAME OF CASE	JUDGE WHO ALLOWED

I understand that I cannot bill the Commonwealth of Massachusetts for services rendered as a guardian unless my
authority includes consenting to the administration of anti-psychotic medication, and that if my appointment does contain
such authority, I can bill the Commonwealth only if I am also appointed the *Rogers* monitor and then **only** for monitoring
that treatment process and **not** for other services that may be required by my appointment as guardian.

I have currently in effect professional liability insurance with coverage of \$100,000 or more. The insurance company
which issued the policy is:

(Name of Company)

The policy number is: _____
(Policy Number)

The limits of liability are: _____
(Limits of Liability)

I request and I **WILL** accept appointments from the following (not more than **four**) divisions of the Probate and Family
Court Department:

- ☐ Barnstable ☐ Berkshire ☐ Bristol ☐ Dukes ☐ Essex ☐ Franklin ☐ Hampden
☐ Hampshire ☐ Middlesex ☐ Nantucket ☐ Norfolk ☐ Plymouth ☐ Suffolk ☐ Worcester

I understand that I will be required each year, after 2001, to complete six hours of continuing legal education in the
guardianship field to remain on the list for these appointments. I agree that, if I am appointed as a guardian and a
person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the
certificate within seven days of the request. I understand that, to remain on the list, I must mail to the List Coordinator
each July, after 2001, a certificate of my good standing with the Board of Bar Overseers dated that July.

I have attached to this Application a **copy of my resume** and a **certificate** of my good standing with the Board of Bar
Overseers. The certificate was issued not more than 30 days ago.

I certify under the penalties of perjury that all of the above information is true.

Date: _____

(Signature of Applicant)